Town of Wickenburg

Commercial Façade Grant Application

Organization Name: Robin Gasser - Clyde Gasser

Address: 18625 W. Moonlight Mesa Rd Wickenburg Az

Phone: 602-910-0396 2nd Phone:

Email: r.gasser@att.net.

Contact Name and Title: Robin Gasser - Owner

Scope of Work:

159 Wickenburg Way -
Re Seal + Re Stripe Parking Lot.

Funding Amount Requested: $10,000.00

Robin Gasser — Authorized Agency Representative

Owner — Title

2/3/25 — Date

Google Maps 159 W Wickenburg Way

Map data ©2025 , Map data ©2025 Google 20 ft

TOWN OF WICKENBURG BUSINESS LICENSE APPLICATION

Town of Wickenburg
155 N. Tegner St., Suite A · Wickenburg, AZ 85390 · (928) 684-5451 · Fax (602) 506-1580
Pam Black pblack@wickenburgaz.gov x1569 · Amy Brown abrown@wickenburgaz.gov x1517

*** Indicates REQUIRED Information** **License # _____**

This application must be **approved before** you can lawfully engage in business in the Town of Wickenburg. A license is necessary for each business location. All businesses must comply with all ordinances/regulations and requirements affecting public peace, health and safety. Application fee is non-refundable and license issued is non-transferable. A new license is required if ownership changes.

* SECTION A – BUSINESS INFORMATION *

1. Legal Business Name * Robin Gasser - Clyde Gasser
2. Physical Location of Business* (Street Address, City, State, Zip) (Cannot be a PO Box or mailbox store address)
   18625 W Moonlight Mesa Rd Wickenburg Az 85390
3. Business Phone Number * 602 910 0396
4. Mailing Address (Address, City, State, Zip)
   18625 W Moonlight Mesa Rd Wickenburg Az 85390
5. Email Address * r.gasser2att.net
6. Company Website Address
7. Number of Employees at Wickenburg location
   0
8. Name and Title of Point of Contact for the Business *
   Robin Gasser Owner
9. Point of Contact Phone Number * 602 910 0396
10. Start Date of Business/Activity in Wickenburg *
    1-2025
11. Corporate Name
12. Corporate Address (Street Address, City, State, Zip)
13. Corporate Phone Number
14. Type of Ownership * ☐ Limited Liability Company (LLC) ☐ Corporation
    ☐ Sole Proprietor ☒ Partnership ☐ Other _____
15. Enter Certificate / License Number(s) AND provide copies of the following items (if applicable to your business type)

Arizona Transaction Privilege Tax (Sales Tax) *	☐ Copy	License # 20535578
County Health Certificate(s) *	☐ Copy	License #
Liquor License – State of Arizona *	☐ Copy	License #

PLEASE INCLUDE A COPY OF YOUR TRANSACTION PRIVILEGE TAX (TPT) LICENSE. All businesses that are required to collect sales tax must have an Arizona TPT number issued by the AZ Dept. of Revenue.

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* SECTION B – NATURE OF BUSINESS OR GOODS SOLD * (Please specify the nature of the business, type of goods sold or specific project) *
Commercial Rental Buildings

* SECTION C – BUSINESS CATEGORY (Check all that apply) *	
☐ Bank / Mortgage / Investment	☐ Contractor / Builder
☐ Door to Door Sales (Complete Section I)	☐ Home-Based Operations (Complete Section F)
☐ Hotel / Motel	☐ Insurance Services
☐ Manufacturer	☐ Medical Services
☐ Mobile Vendors (Complete Section G)	☐ Non–Profit (Business License is not required)
☐ Ranch	☐ Realtor
☒ Rental & Leasing (Complete Section H)	☐ Restaurant / Bar / Coffee
☐ Retail	☐ Roping & Rodeo
☐ Service	☐ Services and Retail
☐ Shuttle / Taxi	☐ Utilities
☐ Wholesale	☐ Other _____

* SECTION D – TYPE OF LICENSE *
☐ New Business License (No Liquor) – January – December - $50
☐ New Business License (Liquor Sales) – January – December - $100
☐ Seasonal Business – October – April - $50
☐ Door-to-Door Sales – Not more than 7 consecutive days per month for door-to-door - $25 per day
Special Event Business - $25 for up to four-day event, $10 for one-day event (Contact Event Coordinator)

SECTION E – CHANGE IN BUSINESS LICENSE
☐ Change in Business Address – Complete Section A with new address
☐ Change in Business Name – Complete Section A with new name Former Name of Business (If Different)
☐ Business Acquisition – Date Acquired _____ Former Name of Business (If Different)
☐ Added Business Activity at Same Location – Complete Sections A-C listing all business activity

SECTION F – HOME-BASED BUSINESS (only if located in the Town of Wickenburg)
I agree to not have any signs at my residence.
I agree to not have employees report to work every day at my home-based business.
I agree that my business will not contribute to additional traffic or cause parking issues within my neighborhood.
I agree not to store anything outside my home for my home-based business.
I agree not to store hazardous materials at my home.
Initial I agree with all the statements above regarding my home-based business and agree to not cause a disturbance in my neighborhood with my business
Initial I certify that I have read and agree to comply with Article 14-4-3C Home Occupation from the Wickenburg Town Code.

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SECTION G – MOBILE VENDORS (MUST provide copies of ALL of the following documents)

☐ County Health Inspection (If food vendor)	☐ Driver's License of Driver
☐ License Plate No. _____	☐ Fire Inspection within preceding 12 months
☐ Photograph of Mobile Sales Unit	☐ Certificate of Liability Insurance (If on Town Property)

☐ Letter from private property owner for permission to operate on their property or permit/agreement from the Town if on town property including streets, parks, parking spaces and right-of-way.

_____ Initial I certify that the applicant or controlling person has not been convicted of a felony or misdemeanor other than minor traffic in the last five years.

_____ Initial I certify that I have read and agree to comply with Article 9-4 Mobile Merchants from the Wickenburg Town Code.

SECTION H – RENTAL PROPERTY / PROPERTY MANAGEMENT
(List all Rental Properties in the Town of Wickenburg)

	Property Address in Wickenburg	Description (i.e. single family, multi-family, commercial)
①	159 W Wickenburg Way - 59 W Center St. 159 E Wickenburg Way	Salon + Chiropractic
②	218 W Wickenburg Way	Texas Hotel - Antiques Shop
③	125 N Frontier 117 N. Frontier	Medical Building
④	350-360 N. Tegner St.	Clothing Shop.

SECTION I – DOOR TO DOOR SALES

The Sponsoring Business must provide a signed letter detailing the proposed activity (i.e. advertising, sales, soliciting, etc.) with this business license application. All persons selling in Town must keep a copy of the signed letter and the business license with them at all times that they are selling.

Please list the times and dates for sales:

Please list the information below for each person who will be on the streets selling (attach additional sheets if needed) and include a copy of their driver's licenses.

Name	Date of Birth	Phone Number	Driver's License #
Residential Address (Street, City, State and Zip)			
List any felony / misdemeanor convictions, date of conviction & grounds for such convictions (exclude minor traffic).			
Name	Date of Birth	Phone Number	Driver's License #
Residential Address (Street, City, State and Zip)			
List any felony / misdemeanor convictions, date of conviction & grounds for such convictions (exclude minor traffic).			

Please list the information below for all vehicles being used in Town for this business.

License Plate Number	State of License Plate	Make, Model and Color of Vehicle

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SECTION J – SPECIAL EVENTS

The Sponsors / Promotors of an event must provide a list that includes their name, event name, dates of the event, each vendor's name, vendor's company name, vendor's TPT license number, vendors address and vendor's telephone number. Vendor's can apply for an annual or seasonal business license or they can pay the sponsor of the event $25 for each event up to 4 days or $10 for each one-day event. The sponsor/promotor is responsible for providing the information to the Town and the Dept. of Revenue at licensecompliance@azdor.gov.

* SECTION K – LICENSE ELIGIBILITY REQUIREMENTS (ARS 41-1080) *

In accordance with ARS 41-1080, individuals must present ONE of the following documents indicating that they are allowed to conduct business in the United States in accordance with federal law:

AZ Driver's License or ID License issued after 1996 or any state's driver's license that is REAL ID compliant.	Paperwork showing Corporation or LLC is in good standing with the Arizona Corporation Commission.
Driver's license issued by a state that verifies lawful presence in the United States. Does not include CA, CO, CT, DE, HI, IL, MD, NM, NV, NY, OR, UT, VT, WA	A birth certificate or delayed birth certificate issued in any State, Territory, or possession of the United States
A United States citizenship and immigration services employment authorization document or refugee travel document.	United States Passport or foreign passport with US Visa.
A United States certificate of birth abroad	An I-94 form with a photograph
A US certificate of naturalization or citizenship	A tribal certificate of Indian Blood or affidavit of birth

* SECTION L – APPLICANT SIGNATURE *

Under penalty of perjury, I, the applicant, declare that the information provided on this application and with the attachments is true and correct. I understand that the issuance of a Business License by the Town of Wickenburg does not necessarily mean that my business has complied with County, State and/or Federal requirements which may apply to my business.

Print Name: Robin Gasser	Date: 7/09/25
Signature: Robin Gasser	Title: Owner

FOR TOWN USE ONLY

☐ In-Town Limits ☐ Out-of-Town Limits	Zoning Approval for In-Town Businesses	Date Zoning Approved
Date Issued _____	Issued By _____	

Arizona Revised Statute § 9-495 requires in any written communication between a city or town and a person to provide the name, telephone number, and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following:

1. Demands payment of a tax, fee, penalty, fine or assessment;
2. Denies an application for a permit or license that is issued by the city or town; or
3. Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the city or town.

An employee who is authorized and able to provide information about any communication that is described above shall reply within five (5) business days after the city or town receives that communication.

Pam Black pblack@wickenburgaz.gov 928-684-5451 x1569
Amy Brown abrown@wickenburgaz.gov 928-684-5451 x1517

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Robin Gasser - Clyde Gasser

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.
☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☑ Partnership ☐ Trust/estate
☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)
(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.
18625 Moonlight Mesa Rd

Requester's name and address (optional)

6 City, state, and ZIP code
Wickenburg, Az 5390

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number
[redacted]

or

Employer identification number
[ ][ ] - [ ][ ][ ][ ][ ][ ][ ]

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Robin Gasser Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they